EXHIBIT N

UCC FINANCING STATEMENT AMENDMENT		Michigan	Departmo	ent of State - Unifor	m Commercial Code
A. NAME & PHONE OF CONTACT AT FILER (optional)]	Filing N	umber: 20181105	6000950-0
Velocity MRS - Fund V, LLC B. E-MAIL CONTACT AT FILER (optional)		Fil	-	and Time: 11/05/20 otal Number of Page	
gmcchesney@velocityrs.com C. SEND ACKNOWLEDGEMENT TO: (Name and Address)		(This doc	ument was filed ele	ctronically)
Velocity MRS - Fund V, LLC 206 E. 9th St.					
Suite 1300					
Austin, TX 78701-4411 USA		THE ABOVE O	DACE IC I		ICE ON V
1a. INITIAL FINANCING STATEMENT FILE NUMBER	1b. This FINA	ANCING STATEMENT AMEN		s to be filed [for record]	
20180608000473-1	,	led) in the REAL ESTATE RE <u>ich</u> Amendment Addendum (I		:3Ad) <u>and</u> provide Debt	or's name in item 13
TERMINATION: Effectiveness of the Financing Statement identified above Statement	e is terminated wi	th respect to the security in	terest(s)	of Secured Party auth	orizing this Termination
ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7b, all For partial assignment, complete items 7 and 9 and also indicate affected coll		gnee in item 7c and name of	Assignor	in item 9	
CONTINUATION: Effectiveness of the Financing Statement identified abort continued for the additional period provided by applicable law		the security interest(s) of S	ecured Pa	arty authorizing this Co	ontinuation Statement i
5. PARTY INFORMATION CHANGE:					
	se three boxes to: e and/or address: C	omplete ADD name	e: Complet	e item DELETE na	ame: Give record name
This Change affects ☐ Debtor or ☑ Secured Party of record item 6a or 6b; a 6. CURRENT RECORD INFORMATION: Complete for Party Information Change	and item 7a or 7b <u>an</u> e - provide only one		<u>nd</u> item 7c	to be delete	ed in item 6a or 6b
6a. ORGANIZATION'S NAME Velocity MRS - Fund IV, LLC					
OR	FIRST PERSONAL	NAME	ADDITIO	NAL NAME(S)/INITIAL(S) SUFFIX
- CHANCED OD ADDED INFORMATION.					
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Informatio 7a. ORGANIZATION'S NAME Velocity MRS - Fund V, LLC	on Change - provide only	r <u>one</u> name (7a or 7b) (use exact, full	name; do no	t omit, modify, or abbreviate	any part of the Debtor's name
OR 7b. INDIVIDUAL'S SURNAME					
INDIVIDUAL'S FIRST PERSONAL NAME					
NOWERLAND ADDITIONAL NAME (OVENITAL (O)					Toursey
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)					SUFFIX
7c. MAILING ADDRESS 206 E. 9th Street Suite 1300	Austin		STATE TX	POSTAL CODE 78701	COUNTRY
8. COLLATERAL CHANGE: Also check one of these four boxes: ADD of these four boxes:	collateral D	ELETE collateral RES	STATE co	vered collateral	ASSIGN collateral
Indicate collateral:					
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMEND If this is an Amendment authorized by a DEBTOR, check here and provide na	MENT: Provide o		ne of Assi	gnor, if this is an Assig	nment)
9a. ORGANIZATION'S NAME Velocity MRS - Fund IV, LLC					
OR 9b. INDIVIDUAL'S SURNAME	FIRST PERSONAL	NAME	ADDITIO	NAL NAME(S)/INITIAL(S) SUFFIX
10. OPTIONAL FILER REFERENCE DATA:					

Case 2:20-cv-11957-BAF-RSW ECF No. 63-16, PageID.1487 Filed 03/26/21 Page 2 of 5

	CC FINANCING STATEMENT LOW INSTRUCTIONS		Michigan	Departi	ment of State - Uniform	Commercial Code
Α.	NAME & PHONE OF CONTACT AT FILER (optional) Velocity MRS - Fund IV, LLC E-MAIL CONTACT AT FILER (optional)			iling Da	Number: 2018060800 te and Time: 06/08/2018 Fotal Number of Pages:	12:14 PM
	gmcchesney@velocityrs.com SEND ACKNOWLEDGEMENT TO: (Name and Address) Velocity MRS - Fund IV, LLC 9211 Arboretum Parkway Suite 500 Richmond, VA 23236 USA			(This de	ocument was filed electro	onically)
	,		THE ABOVE S	PACE IS	FOR FILING OFFICE U	ISE ONLY
	DEBTOR'S NAME: Provide only <u>one</u> Debtor name (1a or 1b) (use exact, ful name will not fit in line 1b, leave all of item 1 blank, check here and provid 1a. ORGANIZATION'S NAME Advanced Central Laboratory, LLC					
R	1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX
	I MAILING ADDRESS 619 Allen Road	CITY Allen Park		STATE	POSTAL CODE 48101	COUNTRY
	DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, ful name will not fit in line 2b, leave all of item 2 blank, check here and provid 2a. ORGANIZATION'S NAME					
R	2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL N	AME	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX
2c.	MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
. \$	SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SEC 3a. ORGANIZATION'S NAME VELOCITY MRS - Fund IV, LLC	L URED PARTY): Provic	e only <u>one</u> Secured Party na	ame (3a c	or 3b)	
R	3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL N	AME	ADDITIO	ONAL NAME(S)/INITIAL(S)	SUFFIX
Эс. 92	I MAILING ADDRESS 211 Arboretum Parkway Suite 500	CITY Richmond		STATE VA	POSTAL CODE 23236	COUNTRY
l	COLLATERAL: This financing statement covers the following collateral: All accounts, all related instruments, contract rights, cha remedies, supporting obligations, guarantees, security in towned or hereafter acquired or arising, and all products	nterests, and lien	s in respect of any o			

5. Check only if applicable and check only one box: Collateral is held in a Trust (see UCC1Ad, item 17 and Instructions)	peing administered by a Decedent's Personal Representative
6a. Check only if applicable and check only one box: Public-Finance Transaction Manufactured-Home Transaction A Debtor is a Transmitting Utility	6b. Check <u>only</u> if applicable and check <u>only</u> one box: Agricultural Lien Non-UCC Filing
7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor Consignee/Consignor 🗹 Seller/Buy	er Bailee/Bailor Licensee/Licensor
8. OPTIONAL FILER REFERENCE DATA:	

	Case 2:20-cv-11957-BAF-RSW ECF No.	63-3	16, PageID.1489 File	d 03	/26/21 Page 4	of 5
	CC FINANCING STATEMENT AMENDMENT		Michigan De	epartmer	nt of State - Uniform Com	mercial Code
	LLOW INSTRUCTIONS		Fil	ling Nu	mber: 20180608000472	2-2
	NAME & PHONE OF CONTACT AT FILER (optional) Velocity MRS - Fund IV, LLC			•	nd Time: 06/08/2018 12:1	
	E-MAIL CONTACT AT FILER (optional)			_	al Number of Pages: 1	
	gmcchesney@velocityrs.com		(T)	his docu	ment was filed electronica	ıllv)
C.	SEND ACKNOWLEDGEMENT TO: (Name and Address)		(2.	110 0000		,/
	Velocity MRS - Fund IV, LLC 9211 Arboretum Parkway					
	Suite 500					
	Richmond, VA 23236 USA					
			THE ABOVE SPA	CE IS FO	OR FILING OFFICE USE ONL	_Y
	INITIAL FINANCING STATEMENT FILE NUMBER	1b. 🗌	This FINANCING STATEMENT AMEND		o be filed [for record]	
-	20180606000514-9		(or recorded) in the REAL ESTATE RECO Filer: attach Amendment Addendum (For		Ad) and provide Debtor's name	e in item 13
2.	▼ TERMINATION: Effectiveness of the Financing Statement identified above Statement	e is term	ninated with respect to the security inter	rest(s) of	Secured Party authorizing the	his Termination
3. [ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7b, ar For partial assignment, complete items 7 and 9 and also indicate affected colla			ssignor in	item 9	
4. [CONTINUATION: Effectiveness of the Financing Statement identified above continued for the additional period provided by applicable law			ured Part	y authorizing this Continuation	on Statement is
5. [PARTY INFORMATION CHANGE:					
С	heck one of these two boxes: AND Check one of these		_			
Th			address: Complete ADD name: 0 a or 7b <u>and</u> item 7c 7a or 7b, <u>and</u>		item DELETE name: Give to be deleted in item	
	CURRENT RECORD INFORMATION: Complete for Party Information Change 6a. ORGANIZATION'S NAME	- provid	e only <u>one</u> name (6a or 6b)			
	U. UNGANIZATION STRAVILE					
OR	6b. INDIVIDUAL'S SURNAME	FIRST PE	ERSONAL NAME	DDITION	AL NAME(S)/INITIAL(S)	SUFFIX
7. (CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information 7a. ORGANIZATION'S NAME	n Change -	provide only <u>one</u> name (7a or 7b) (use exact, full nar	me; do not o	mit, modify, or abbreviate any part of	the Debtor's name)
OR	7b. INDIVIDUAL'S SURNAME					
	INDIVIDUALIS FIRST DEDCONAL NAME					
	INDIVIDUAL'S FIRST PERSONAL NAME					
	INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)					SUFFIX
7c.	MAILING ADDRESS	CITY	:	STATE	POSTAL CODE	COUNTRY
8.	COLLATERAL CHANGE: Also check one of these four boxes: ADD of	collatera	I DELETE collateral REST	ATE cove	ered collateral ASSIGN	collateral
- 1	Indicate collateral:					
	NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDI	MENT:	Provide only one name (9a or 9b) (name	of Assigr	nor, if this is an Assignment)	
li	f this is an Amendment authorized by a DEBTOR, check here and provide nat ga. ORGANIZATION'S NAME	me of au	uthorizing Debtor			
OP	Velocity MRS - Fund IV, LLC					
OR	9b. INDIVIDUAL'S SURNAME	FIRST PI	ERSONAL NAME	ADDITION/	AL NAME(S)/INITIAL(S)	SUFFIX

10. OPTIONAL FILER REFERENCE DATA:

C. SEND ACKNOWLEDGEMENT TO: (Name and Address) Velocity MRS - Fund IV, LLC B. E-MAIL CONTACT AT FILER (optional) gmcchesney@velocityrs.com C. SEND ACKNOWLEDGEMENT TO: (Name and Address) Velocity MRS - Fund IV, LLC 9211 Arboretum Parkway Suite 500		Fili Filing	ing Number: 201 Date and Time: 06 Total Number	Uniform Commercia 180606000514-9 6/06/2018 11:34 AM of Pages: 1 illed electronically)	
Richmond, VA 23236 USA . DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use ex	sact, full name: do not omit. mod			OFFICE USE ONLY	
name will not fit in line 1b, leave all of item 1 blank, check here and 1a. ORGANIZATION'S NAME Advanced Central Laboratory, LLC					
R 1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAI	ME AD	DITIONAL NAME(S)/IN	IITIAL(S) SUFFIX	
MAILING ADDRESS 1619 Allen Road	CITY Allen Park	STATE POSTAL CODE 48101		COUNTR USA	RY
name will not fit in line 2b, leave all of item 2 blank, check here and and 2a. ORGANIZATION'S NAME 2b. INDIVIDUAL'S SURNAME c. MAILING ADDRESS	FIRST PERSONAL NA	ME AD	DITIONAL NAME(S)/IN	IITIAL(S) SUFFIX	
. William Albaness	o		WIE TOOME GODE	GOOM	
SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNO 3a. ORGANIZATION'S NAME Velocity MRS - Fund IV, LLC	R SECURED PARTY): Provide	only <u>one</u> Secured Party name	(3a or 3b)		
3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NA	ME AD	DITIONAL NAME(S)/IN	IITIAL(S) SUFFIX	
L. MAILING ADDRESS 211 Arboretum Parkway Suite 500	CITY Richmond	STA	ATE POSTAL CODE 23236	COUNTR	
COLLATERAL: This financing statement covers the following collate All accounts, all related instruments, contract rights remedies, supporting obligations, guarantees, secu	, chattel paper, general	in respect of any of the			er no\

5. Chec	k <u>only</u> if applicable and check <u>only</u> one box: Collateral is _ held in a Trust (see UCC1Ad, item 17 and Instructions) [being administered by a Decedent's Personal Representative
	ck only if applicable and check only one box: Public-Finance Transaction	6b. Check <u>only</u> if applicable and check <u>only</u> one box: Agricultural Lien Non-UCC Filing
7. ALTE	ERNATIVE DESIGNATION (if applicable): Lessee/Lessor Consignee/Consignor 📝 Seller/E	Buyer Bailee/Bailor Licensee/Licensor
8. OPT	IONAL FILER REFERENCE DATA:	